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## UR Regulations Stakeholder Meeting

- Overview and Purpose
  - UR Goals:
    - Provide timely responses to physician requests for medical treatment authorization
    - Ensure injured workers receive treatment that is medically necessary
  - Meeting Goal: Gather ideas and comments to help DWC simplify and clarify UR regulations so UR goals are met

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## Ground Rules for Meeting

- Sign in
- State name and organization when you speak
- Use the microphone
- Limit comment to three minutes
- DWC will take notes and make them available

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## Ground Rules for Meeting

- Focus on DWC area of authority—the regulations
- Divided into four topics
- What's working/what isn't
- Issues not related to regulations will be listed in the "parking lot"
- 20 minutes for each of 4 topics listed, unless group agrees more necessary

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## Topics

- UR Plans and Modifications
- Requests for Authorization
- Cost Saving Mechanisms
- Complaints, Investigations and Penalties

## UR Plans and Modifications

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- What works?
- What doesn't work?
- Model plan/template
- Approval certificate

Notes from group discussion:

- Group likes idea of getting a plan approval certification from DWC with Audit and Med Unit approving at same time
- URO: if med unit approves plan, audit shouldn't have to reanalyze
- URO: had multiple audits – would like one time approval.
  - Since URO files plan, would like plan to come from DWC, not client, as URO may have filed newer plan
- CIGA: approval process should be similar to MPN approval process--if modification or amendment following initial approval those changes must be approved
- How about a plan template? Template would be helpful
- Injured worker: injured worker is entitled to receive a copy of the UR plan
- Claims manager: what do we do when we get multiple requests for UR or requests for multiple copies from an attorney? The plan is long. We keep records and have served plan multiple times to same entity. How many times do we need to do this?
- Some companies have plan on website. Could DWC post plans?
  - There may be proprietary problems. Entire client list for UROs is included. If just post plan without clients would probably be ok.

- URO: Would posting satisfy requirement to send to requestor?
- Steve Cattolica: There are customized plans – without client list may not know which plan applies. Also, investigation results specific to plan should be posted with plan
- Injured worker re posting: Don't send people to UROs website. Should get hard copy if requested

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### Requests for Authorization (RFAs)

- What works?
- What doesn't work?
- See proposed new form (attached)
  - ▣ Comments
    - Necessary documentation: Comment suggested physicians not sending documents needed to make medical determination on request for authorization
      - What documents are needed?
      - What documents are you receiving?
      - How can regulations clarify what should be sent?
    - Model responses
      - Would it be helpful to have examples or templates posted on DWC's Web page?

Notes from group discussion:

- Injured worker: Thinks process is working well. Service providers – who needs to make request – just PTP or can secondary physician? Additional information re RFA will need to come from secondary physician.
- Sam Gold (injured workers): How is injured worker to know what is being sent to UR physician? Injured worker needs to know what was sent to UR by physician.
- If not enough documentation, claims administrator required to send request to UR physician to deny, but UR physician has nothing to review. This is a waste of resources.
- Causation problem – body part is going to be denied. PTP and injured worker confused re what is authorized. Logistical nightmare. Process need to be

smoothed out. Can objection alone could end requirement to address medical necessity?

- Under Cervantes, spinal surgeries has another set of timelines. May need special form for spinal surgeries.
- AB 361: requirement to pay once authorized adds more difficulty.
- DWC: Not everything needs to be reviewed by UR physician – only delays, modifications, and denials.
- Jay: DWC needs to clarify what is an appropriate RFA. 40% get thrown out by auditors as not RFAs. RFA needs definition: if don't send in appropriate RFA with necessary information, then not a RFA.
- URO: Seeing RFAs that are not true RFAs, i.e. prescriptions for PT. They need report so have something to review. URO does UR on everything that comes in. If disputed, UR reviews and sends the claims administrator a report. Letter says UR finds medical necessity, but due to objection, treatment is not authorized.
- If have separate URO from claim, logistically difficult.
- Cal. Chiro Assoc: Documentation sent to by physician to claims administrator isn't getting forwarded on to URO. Just the PR-2 gets forwarded, but reports aren't. Causes delays. How to resolve?
- Injured worker: UR certification is not necessarily approval for payment, so treatment is still delayed. "Reasonable request for information" – not clear.
- CIGA: Prescriptions: RFA is defined and prescriptions don't fit definition. They note it and return to physician with request for RFA. Put together a work flow: if disputed claim, adjuster must inform the UR company and send a letter to all parties explaining why CIGA is not liable. On RFAs that do not fit within definition, send them on, but note in the file that they are not RFAs per the regulation and timeline does not apply.
- Re prescriptions: CIGA allows a 30 day supply.
- Med Dir for Schools Authority: Physicians are overburdened – one more form isn't streamlining process for MDs. Couldn't PR-2 be enough? Re pharmacy

requests: vendors, PT departments request further visits before PTP has a chance to see injured worker. Get requests for supplies from vendors.

- DWC: Would rule that says vendor must have submitted request to PTP first help? (Group answer: Yes)
- Forms add another 5 minutes to day and become a burden.
- ICW attorney: Admitted injury with denied body parts, denied claim, treatment outside MPN: costs associated with each. Would like regulations addressing these issues.
- Med Dir: Keep written lists of what was sent to UR. UR says you must send to claims administrator directly. Doctors will not like another form. Need more compensation if another form.
- Med Dir: RFAs that are not valid: will send response timely and often don't get anything back. If not a valid RFA, would like regulation that says doesn't have to be treated as one. Hear that UR delays treatment, but often request is submitted long after appointment with employee,
- Addendum to PR-2: patient had not been seen and DME was being requested.
- DWC needs to come down hard on vendors who are not following the rules re RFAs.
- Want clarification that RFA form must be used to be considered an RFA.
- Writing should be legible.
- Prescription request should be on form. DME request must be with MD's RFA. How will DWC enforce? Don't put URO in position of denying. AME/QME should address MTUS.
- Give URO permission to send non RFA back.

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## Requests for Authorization (RFAs)

- Comment: Proofs of service not completed correctly
- Comment: UR of disputed body parts in light of *Sandhagen* and *Simmons* confusing to injured worker when treatment is medically necessary but body part denied
  - How can this be addressed in the regulations?

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## Requests for Authorization (RFAs)

- What should be in RFA responses?:
  - Delays
  - Denials
    - Comment suggests reviewing physician should include which medical records or reports were reviewed

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### Cost Saving Mechanisms

- What works?
- What doesn't work?
- How can costs of UR be reduced?
  - ▣ Prior authorizations?
  - ▣ MPNs?
  - ▣ Client requirements?

#### Notes from group discussion:

- CIGA: Claims are old, so prior authorization doesn't work well for them. Have found web based program that helps adjusters make quick decisions and very cost effective.
- Before Sandhagen, some felt one could object and not need to send to URO.
- UR supervisor: AME physicians need to be specific. Savings: if not valid RFA, concerned about investigation penalties or court decision that says they should have handled it as a valid RFA.
- Cervantes: the 10 day time frame will cause additional costs and not allow necessary tests. May be denied since don't have the necessary tests even though surgery may be appropriate. Clarity would be helpful re getting more time to do test.
- MD for Concentra: UR is a good process. Keep statistics on MDs. Any way to encourage good outcomes by giving pass on UR? Yes, can do through prior authorization process.
- URO: Provide best practices – those that should always go to UR (surgery); moderate; no need. Gives adjusters a road map re what should be sent to UROs.

- MD: QME/AME opinion often based on expert opinion, not evidence based medicine (MTUS). Then go to expedited opinion. Who trumps whom? QMEs and AMEs should have to follow the same requirements to follow MTUS.
- Self-insurance groups: Hand pick claims examiners. Allows adjusters to use knowledge to authorize appropriate treatments. Future medical care – if it was in the QME report, then ok to authorize. If injured worker hadn't been to MD recently, then should check with URO.
- Injured worker: When UR wastes money--had future medical award, but UR would deny PT. Injured worker settled case, went to PT for 15 visits and now knee is better. But, lots of other money was wasted.
- MD (US Health Works): Need to learn from group health care past re not over using URO. First 5 – 10 days of care (before claim reported), patients need care

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### Complaints, Investigations and Penalties

- What works?
- What doesn't work?
- **Complaints:**
  - ▣ Comment: How many complaints received and how handled?
  - ▣ Form on DWC web page
  - ▣ DWC responds to all complaints
  - ▣ Suggestions for how this could work better?

Notes from group discussion:

- Med Dir Concentra: Complaints are important--they help point out problems. Concentra keeps a log and makes a corrective action plan. Attestation helps with complaints. Need to know that complaints are valid. Disruptive physician list – profane on phone to reviewers - causes a lot of work.
- Injured worker: Important area to injured worker. Need to know that someone is looking at complaints. Dec 2009 complaint. Heard nothing back. Heard

back on previous complaint only after state assembly person contacted DWC.  
Had to resort to courts to get treatment. Would like to know if UROs are penalized. Would like written response from DWC.

- DWC: UR should speed up treatments, not slow them down.
- URO: Also finds DWC website difficult.
- Issue: Disputed body part but approved med treatment
  - URO has responsibility to issue reports to claims administrator, PTP and injured worker. Claims administrator then sends denial letter. Injured worker and PTP get approval and denial so hard to know which is valid. (DWC advice – URO should work with claims administrator, send letter to claims administrator, so claims administrator sends one letter to PTP and IW)
  - Re process: can work with UROs to follow process. But, if someone provides treatment, and then before WCJ, no guarantee what WCJ will do.
- S Cattolica: Do vendors and buyers really want DWC to prescribe how to handle? Thinks DWC should let vendors, UROs and CA work it out.
- MD: Works closely with claims administrators. URO letter goes with claims administrator's letter. Template – would be helpful in situations like this (and Cervantes situations)
- Travelers -- D. Clough: Admitted injuries – requests DWC to look again at Simmons. Also says if request comes to adjuster should go to 4062 process. Sandhagen dealt with admitted injury, not disputed. Re calling physician, would be nice on RFA form and area for pier to pier availability so UR physician will know when to call the PTP.

## Complaints, **Investigations** and Penalties

- What works?
- What doesn't?
- Log
  - ▣ Currently no requirement for claims administrators to keep log of RFAs, yet one is needed in **investigation**
  - ▣ What kind of RFA logs do claims administrators already have?
  - ▣ How could this be addressed in regulations?
  - ▣ Comment: What can be done to reduce sub-outs of RFAs being reviewed?

Notes from group discussion:

- Liberty Mutual -- Marc Glaser: Log – need accurate requests for treatment. If going to track, needs clarity and one form that is a RFA. URO keeps list of every question reviewed. Claims had to make a separate track – already have a track. What format do we want?
- MD: RFA form: Agrees it is hard to identify what is being requested, but not sure RFA form will change behavior.
- CIGA: Mail is scanned. A specific form will help get the RFA to the right place. Not difficult to create a log.
- Networks, URs -- Tom Barnes: Forms don't come in alone, so still may be difficult to send on appropriately. Texas had UR schedule. If not on list, doesn't have to go to UR. 1,600 MPNs in CA, if customize network with chosen physicians, don't need to send off to UROs. But, if want to change networks, process is complicated.

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### Complaints, Investigations and Penalties

- What works?
- What doesn't?
- How can penalty schedule be simplified?
- Is penalty structure fair?
- Should there be changes to mandatory penalties?
- Should system be pass/fail?
- Does posting results benefit the public?

- IW: Penalties: Issue may be small to company, but very important issue to the injured worker. Injured workers can't pay for treatment themselves, so penalties only way of enforcing rights.
- Pass/fail system: May be better re not marketing by grades.
- URO – Professional Dynamics: State appeals process for UROs? Sometimes same request comes in multiple times. An appeals process in the regulations may help.
- How often does the same request have to be denied?
- Injured worker: Not resubmitting – Injured worker can go to QME to get resolution.

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## Next Steps

- Meeting summary
- What DWC will do next

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## Parking Lot